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ABSTRACT

A review of the academic literature regarding the existence or lack of relationship between chemically dependent adults and neglected or abused children supports the conclusion that alcohol and other drugs are a significant factor in most behavioral patterns associated with endangering children. The author identifies five modes of parent-child interaction relating to child abuse and drug abuse or addiction: neglect, physical abuse, sexual abuse, forced ingestion of drugs, and neonatal drug dependence. Included are data on these forms of abuse. (Author)

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ENDANGERED CHILDREN
AND THE MISUSE OF INTOXICATION
BY CONTROLLING ADULTS

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ENDANGERED CHILDREN
AND THE MISUSE OF INTOXICATION BY CONTROLLING ADULTS

Summary

The purpose of this paper is to review academic literature regarding the patterns in which adults relating to endangered children are associated with chemical problems. Alcohol and other drugs have been shown to be a factor of significance in most patterns of conduct associated with endangering children. Although it is clear that a high positive correlation exists with both chemical abuse and chemical dependence, the exact nature and degree of this relationship cannot be precisely bracketed, given the limited data presently available.

It can be accurately stated that, based on existing literature, it would be both unwise and wrong for a child protection professional not to cautiously monitor signals of potential misuse of chemicals. It would also be unfortunate if the resources of a child protection professional did not include a process for obtaining a rapid, professional diagnosis for chemical misuse.

Introduction

Within the last decade, there have been sporadic independent studies undertaken to determine the incidence and prevalence of drug problems among those adults who abuse, exploit or neglect children. These studies have produced a wide divergence of information, and a comfortably accurate profile of this relationship cannot be precisely isolated. However, there is enough information to suggest some changes in approach regarding intoxication and endangered children.

There are several reasons why accurate statistics surrounding this emotional issue are difficult to obtain:[1,2,3]

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[1] L.B. Silver, C.C. Dublin and R.S. Lourie, "Agency Action and Interaction in Cases of Child Abuse," Social Casework (1971), March: 164-178.

[2] E.H. Newberger and J.N. Hyde, Jr., Child Abuse: Principles and Implications of Current Pediatric Practice. Wash., D.C.: Office of Child Development, June, 1974.

[3] P. Steinglass and J. Moyer, "Assessing Alcohol Use in Family Life: A Necessary But Neglected Area for Clinical Research," The Family Coordinator (1977), January: 53-60.

1. There are differing definitions used to describe endangered children;

2. There are differing definitions of drug abuse and chemical dependence;

3. Many cases of abuse do not come to the attention of medical and/or child protection professionals and, hence, researchers;

4. Chemically dependent persons are sometimes able to successfully hide their problem;

5. Experimental techniques relating to such an emotive issue often reflect a bias in the sampling and/or reporting process;

6. There is a parochialism or lack of coordination among practicing professionals, as well as among inebriety and child protection researchers.

These confounding variables assuredly contribute to the divergent results inherent in the academic literature. In the area of endangered children, especially, it is generally accepted that our present knowledge involves only the "tip of the iceberg."

> As we begin to more closely examine cases of accidental injury, failure to thrive and delayed development, the more likely we are to disclose further cases of abuse and neglect.[4]

Even though the available data is often inconclusive, the significance of chemical dependency input for the family case-worker cannot be overstated. Several prominent research endeavors have found that, amid troubled families, the single most important variable determining the interacting behavior of family members is the "presence or absence of alcohol.[5,6,7]

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[4] R.G. Mitchell, "The Incidence and Nature of Child Abuse," Develop. Med. Child Neurol. (1975), 17: 641-646.

[5] D.I. Davis, D. Berenson, P. Steinglass and S. Davis, "The Adaptive Consequences of Drinking," Psychiatry (1974), 37: 209-215.

[6] P. Steinglass and S. Wolln, "Explorations of a Systems Approach to Alcoholism: Clinical Observations of a Simulated Drinking Gang," Archives of General Psychiatry (1974), 31: 527-532.

[7] P. Steinglass, S. Weiner and J.H. Mendelson, "A Systems Approach to Alcoholism: A Model and Its Clinical Application," Archives of General Psychiatry (1971), 24: 401-408.

Its use within a family is often linked with increased aggressiveness, risk-taking, conflicting interaction and, in a few situations, the development of mutually shared delusional states relative to family role.[8,9] Pathologically dependent persons (and those who frequently abuse intoxication) will usually not respond meaningfully to non-specific therapeutic techniques. For this reason, it becomes prudent for the child protection professional to be aware of signals that may point toward the need for a professional diagnosis relating to misuse of intoxication.

General Child Abuse Prevalence Reports

The prevalence rate for officially reported cases of endangered children has increased steadily over the last 10 years. In 1967, a national incidence of 8.4 per 100,000 children (under 18 years of age) was reported.[10] This appears to have increased to about 28 per 100,000 children in 1976, or over 300,000 reports in one year.[11]

Local data seems to parallel the national shifts. Hennepin County (which responds to about half of Minnesota's reported cases) received 22 abuse referrals in 1966. In 1976, 427 cases were reported. This constitutes an incidence of 132 cases per 100,000 children.[12]

It is possible--even probable--that these figures do not reflect an increase in the incidence of child abuse, but rather, an improved responsiveness and sophistication of the public law and reporting systems. Recent statutory shifts in Minnesota have had increased reporting as a goal and, based on comparative state and national data, they may have succeeded.

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[8] Davis, et al, op. cit.

[9] J.R. Tinklenberg, "Alcohol and Violence," of R. Fox and P. Bourne (Eds.). Alcoholism: Progress in Research and Treatment. New York: Academic Press, 1973.

[10] D.G. Gil, Violence Against Children: Physical Child Abuse in the United States. Cambridge: Harvard Univ. Press, 1970.

[11] M. Hindman, "Child Abuse and Neglect: The Alcohol Connection," Alcohol (Health and Research) World (Spring, 1977), Vol. 1, No. 3.

[12] Child Protective Services, Hennepin County Welfare Dept., Child Abuse--1976.

The Relationship Between Child Abuse And Chemical Problems

In a report co-authored by Dr. Henry Kempe, the physician who identified the "battered baby syndrome," it was stressed that "the contribution made by alcoholism and drug abuse to the problems of violence and maltreatment of children cannot be doubted.[13]

Several specific research endeavors have since attempted to examine the prevalence of drug and alcohol problems in adults who abuse, exploit or neglect their children. Basically, these studies profile a range between 30% and 60% of reported cases as being intoxication related.

Young[14] studied 300 families of abused children and found that alcohol was a "primary family problem" in 62% of the families. (Additional families displayed "heavy drinking behavior," but it was not considered to be what Young termed, the "primary problem.") In a more recent study, Fitch, et al,[15] reported that 41% of the fathers and 10% of the mothers of abused children "used alcohol dysfunctionally." (Dysfunctionally was defined as, "having caused trouble with spouse, family, friends, employer, police and the user's own health one or more times.")

A controlled study done in Minnesota, interviewing 87 mothers of abused children, revealed that 40% of them had an "alcohol problem."[16] Kent, et al,[17] found that 50% of the fathers and 31% of the mothers of children under protection of the court were "substance (alcohol or other intoxicants) abusers." Thirty-one percent of the parents in this study were determined to be in need of primary inpatient treatment.

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[13] R.E. Helfer and C.H. Kempe, Child Abuse and Neglect: The Family and the Community. Ballinger Publishing Co., 1976.

[14] L. Young, Wednesday's Children: A Study of Child Neglect and Abuse. New York: McGraw-Hill, 1964.

[15] M.J. Fitch, R.V. Cadol, E. Goldson, T. Wendell and D. Swartz, Prospective Study in Child Abuse. Paper presented at the American Public Health Assn. Convention, Chicago, 1975.

[16] W.J. Scott, "Attachment and Child Abuse: A Study of Social History Indicators Among Mothers of Abused Children," Dissertation Abstracts International (1975), 35.

[17] J. Kent, H. Weisberg, B. Lamar and T. Marx, Understanding the Etiology of Child Abuse: A Preliminary Typology of Cases. Unpublished report, 1975.

It becomes obvious that terms relating to intoxication tend to skew reasonable correlations between studies. A study of "abusive families" conducted for the Anchorage Child Abuse Board made a distinction between "alcohol abuse" and "drug abuse."[18] They reported that alcohol abuse was noted in 22% of the families and drug abuse was a factor in an additional 13%. (In 2% of the families, both drugs and alcohol were abused.)

The prevalence of classical "pathological addiction" has also been investigated. Simons, et al, [19] examined the characteristics of 293 New York City families of medically reported child abuse cases in 1966. She found that nearly half of all the controlling adults were in need of psychological counseling, and 20% of these were "alcoholic or drug addicts." Two years later, in a 31-month hospital survey of 42 maltreated children, "alcoholism" was indicated as being present in 19% of the families.[20] The Hennepin County study[21] indicated that approximately 11% of all abusive parents were "alcohol or drug dependent." These studies would suggest that chemical abuse is more frequently observed than is chemical dependence. The terminology must still be considered a major impasse in making comparisons. It is quite possible that in no two cases were researchers looking for the same dynamic regarding intoxication and adults.

The real dichotomy can best be isolated through two studies which, in spite of the previously reported consistency of an observed relationship, reported finding no significant correlations between "child abuse" and "family drug addiction." Steele and Pollock[22] studied 60 families of abused children and found that only one family had "alcoholism" problems. Smith, et al[23] investigated 214 parents of battered babies in England. Although no specific percentages were presented, they reported that alcoholism and drug dependence were not prominently featured among the index cases or controls.

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[18] M. Andreini and S. Green, Statistical Description of Cases Followed by the Anchorage Child Abuse Board, Inc. Anchorage Child Abuse Board, Inc., 1975.

[19] B. Simons, E.F. Downs, M.M. Hurster and M. Archer, "Child Abuse: Epidemiologic Study of Medically Reported Cases," New York State Journal of Medicine (Nov. 1, 1966), 2783-2788.

[20] R.G. Birrell and J.H.W. Birrell, "The Maltreatment Syndrome in Children: A Hospital Survey," Medical Journal of Australia (1968), 2 (23): 1023-1029.

[21] Child Protective Services, Hennepin County, op. cit.

[22] B.F. Steele and C.A. Pollock, "A Psychiatric Study of Parents Who Abuse Infants and Small Children," of R. Helfer and H. Kempe (Eds.), The Battered Child. Chicago: Univ. of Chicago Press, 1968.

[23] S.M. Smith, R. Hanson and S. Noble, "Parents of Battered Babies: A Controlled Study," British Medical Journal (Nov. 17, 1973), 388-391.

Toward a Better Understanding

The above studies, with the two noted exceptions, establish a positive relationship between endangered children and adult chemical problems. Only a few studies have attempted to be specific with respect to the type of child abuse or misuse of intoxication being investigated. Generally, five modes of interaction have been identified as relating to child abuse and drug abuse or addiction:

-neglect
-physical abuse
-sexual abuse
-forced ingestion of drugs
-neonatal drug dependence

Although the research efforts isolating types of child-threatening behavior and misuse of intoxication are only inferential, the following is an attempt to put them in some perspective:

Neglect

The literature notes two types of neglect--physical and emotional. Both refer to a failure by controlling adults to meet the health and/or growth needs of the child. Lewis[24] points out that, while physical abuse reporting is mandatory, neglect reporting often is not, and therefore, neglect may be statistically under-reported. Polansky, et al,[25] believe the ratio of neglect to abuse is at least 10 to one.

A 1976 study pointed out that chronic pathological addiction "can be powerful enough to cause families to be apathetic to many vital areas of life and living." The study went on to explain that the person who is afflicted with chemical dependency may not be capable of caring for the needs of a child.[26]

Nichtern[27] examined the case records of children of heroin addicts and found that "nearly all" these children are neglected. He noted signs of physical neglect (malnutrition) and emotional neglect (many are withdrawn, limited in observed animation and generally inhibited in their responses). Dr. David Smith of the Haight-

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[24] H. Lewis, "Parental and Community Neglect--Twin Responsibilities of Protective Services," Children (1969), 16: 114-118.

[25] N.A. Polansky, C. DeSaix and S.A. Sharlin, Child Neglect: Understanding and Reaching the Parent. New York: Child Welfare League of America, 1972.

[26] F. Worrell, "The Child, School, Alcohol and Abuse," The School Guidance Worker (Nov./Dec., 1976), 32 (2): 43-47.

[27] S. Nichtern, "The Children of Drug Users," Annual Progress in Child Psychiatry and Child Development (1974), X: 545-551.

Asbury Free Clinic noted in a symposium in 1975 that, while the above is often the case, it would be unwise to allow dependency alone--even when heroin was involved--to serve as an automatic indicator of poor parenting.

It is difficult to obtain data relating to emotional neglect; however, there is no doubt that neglect is a clearly debilitating process.[28] In a study prepared for the National Institute on Alcohol Abuse and Alcoholism,[29] the following statement appeared:

> Emotional neglect frequently is associated with the quiet drunk--the parent who drinks himself into a stupor and withdraws completely from the people and events around him.

Specifically, they found that over 60% of the children of alcoholic parents defined themselves as "neglected."

The logical rationale seemed to be that the alcoholic or drug-dependent person became "wrapped up" in his or her own problems, as well as in chemical ecstacy, and generally ignored the basic needs of children. The child then suffered from a lack of simple human interaction.

Physical and Verbal Abuse

Physical abuse as used here may be intentional or unintentional. An example of drug-related intentional physical abuse might be the father who beats his children while in a drunken rage; an example of unintentional physical abuse might be when a child falls from an intoxicated mother's arms.[30]

A 1970 study reported that alcoholic intoxication of the perpetrator at the time of the act constituted 12.9% of studied physical abuse cases.[31] The inference of this study was that

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[28] A.A. Belson, "Help Us Before We Hurt Our Child Again," Family Health (1975), 7 (6): 27-31.

[29] Booz-Allen and Hamilton, Inc., An Assessment of the Needs of and Resources for Children of Alcoholic Parents. Rockville, MD: National Inst. on Alcohol Abuse and Alcoholism, Nov., 1974.

[30] Newberger, et al, op. cit.

[31] Gil, op. cit.

alcohol released violent impulses and tendencies which were normally held in restraint. Straus, et al[32] pointed out that a converse cultural sequence may also be true, i.e., that individuals who wish to commit a violent act may become intoxicated in order to carry out the violent act. This was seen as plausible because, traditionally, Western society tends to view aggressive acts committed by intoxicated persons as at least partially excusable. Even medical professionals often have difficulty deciding whether an inebriated person is responsible for criminal acts,[33] as do those in the legal profession.

In a soon to be published HEW study, it will be reported that only a little over 25% of adult parents do not use physical punishment for discipline. The distinction between corporal punishment and physical abuse is naturally a matter of degree, but it is a chemical maxim that conditions of intoxication negatively impact one's ability to make accurate decisions on issues where judgment on matters of degree must be made (especially relating to emotional issues). It may be that the loss of coordination and control associated with high levels of intoxicant consumption result in unintentional physical abuse. (An uncoordinated slap across the face could result in bruises, cuts, concussion or broken bones.) Perhaps more erratic is the dynamic of an intoxicated adult trying to make a subjective/emotional decision involving conceptual depth of warranted punishment.

The definition and effects of verbal abuse are still largely matters of conjecture. As was noted in examples of physical abuse, society is often tolerant of boisterous behavior by an intoxicated person. It may be that a cultural license is offered when intoxication occurs, to verbally, as well as physically, inflict abuse.

Sexual Abuse

Tormes[34] reviewed 20 cases of father-daughter incest and 20 cases of nonincestuous abuse from the records of the Brooklyn Society

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[32] M.A. Straus, et al, "Theories, Methods and Controversies in the Study of Violence Between Family Members," Behavioral Science Research (June, 1973).

[33] L.B. Silver, C. Dublin and R.S. Lourie, "Child Abuse Syndrome: The "Gray Areas" in Establishing a Diagnosis," Pediatrics (1969), 44 (4): 594-600.

[34] Y.M. Tormes, Child Victims of Incest. Denver: Children's Division of the American Humane Association (undated).

for the Prevention of Cruelty to Children. A significant finding of this report was that a high proportion of fathers in these incestuous families displayed "chronic brutality and alcoholism."

Hennepin County's study (1976) indicated that 17.5% of all sexual abuse cases involved alcohol or "drug dependence (15.5% alcohol and 2% drug dependence)." A similar analysis for the combined physical abuse and neglect cases revealed that only 9% of the parents were "chemically dependent." Chemical "abuse" was not reported in that study, but if the comparative ratio complements other data, it would be surprising if at least a substantial minority of cases did not involve the misuse of intoxication.

An unpublished and informally gathered review of two years of case work at Ramsey County General Hospital found over 80% of sexual exploitation cases potentially relating to chemical misuse.

Forced Ingestion of Drugs

Case reports of children being admitted to hospitals after ingestion of excessive quantities of various drugs, including aspirin,[35] tranquilizers,[36, 37] and alcohol[38] are not infrequent. No specific incidence and prevalence data among adults was found in the literature relating to this type of potential abuse.

Neonatal Drug Dependence

By definition, this type of abuse involves maternal chemical dependence. Studies on the prevalence of neonatal dependence suggest a problem of epidemic proportions in some communities.

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[35] D. Pickering, "Neonatal Hypoglycaemia Due to Salicylate Poisoning," Proceedings of the Royal Society of Medicine (1968), 61:40.

[36] M.S. Dine, "Tranquilizer Poisoning: An Example of Child Abuse," Pediatrics (1965), 36 (5): 782-785.

[37] T.J. Malee, "Drug Abuse in a Small Community," Rocky Mountain Medical Journal (1972), 69 (5): 66-67.

[38] E.G. Brings, "Sudden and Unexpected Death," (letter) Pediatrics, (1967), 39 (5): 792-793.

It has been estimated that the "at risk" children constitute between 1.5 and 10% of the total population.[39, 40] Infants so inflicted can be dealt with medically without intricate therapeutic support because there is no psychological basis for dependency;[41] however, growth deficiencies, psychomotor retardation and the possibility of future neglect should also be considered.

Postnatal withdrawal symptoms occur in about 70% of babies born to heroin-dependent women.[42] It has been noted that having the responsibility for children sometimes has a sobering effect upon the dependent person, and he or she is often inspired to restructure his or her life and seriously approach therapy.[43]

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[39] J.N. Carr, Maternal Drug Dependence Incidence: Drug Use Patterns and Impact on Children. New York: Odyssey House, Inc., 1975.

[40] J. Densen-Gerber and C.C. Rohrs, Drug-Addicted Parents and Child Abuse. New York: Odyssey House, Inc., 1975.

[41] R. Neuberg, A. Fraser, J.G. Weir and B.L. Priestley, "Drug Addiction in Pregnancy," Proceedings of the Royal Society of Medicine, (1972), 65 (10): 867-870.

[42] B.L. Priestley, "Drug Addiction and the Newborn," Proceedings of the Royal Society of Medicine (1976), 65 (10): 26.

[43] J.G. Weir, "The Pregnant Narcotic Addict: A Psychiatrist's Impression," Proceedings of the Royal Society of Medicine (1972), 65 (10): 869-870.

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